CALIFORNIA FORM 70()

FAIR POLITICAL PRACTICES COMMISSION

MAR 0 3 2010 COVER PAGE

E CSTATEMENT OF ECONOMIC INTERESTS

Date Received FEB 2 5 2010

RECEIVED

TEHAMA COUNTY CLERK OF THE BOARD OF SUPERVISORS

Please type or print in ink.

TOOL A Public Document

			4
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Williams	Robert	Arden	
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE ZIP CO	ODE OPTIONAL: E-MAIL ADDRESS
	4		
1 Office Agency of Co		A Cahadula Cum	****

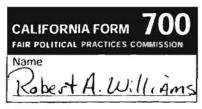
1. Office, Agency, or Court	4. Schedule Summary
Name of Office, Agency, or Court: Tehana County	➤ Total number of pages including this cover page:
Division, Board, District, if applicable: Board of Supervisors Your Position: Supervisor, District 4 If filling for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)	➤ Check applicable schedules or "No reportable interests." I have disclosed interests on one or more of the attached schedules: Schedule A-1 ☐ Yes – schedule attached Investments (Less than 10% Ownership)
Agency:	Schedule A-2 Yes – schedule attached Investments (10% or Greater Ownership)
Position:	Schedule B Yes – schedule attached Real Property
2. Jurisdiction of Office (Check at least one box)	Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
State County of Tehama	Schedule D Yes – schedule attached Income – Gifts
City of	Schedule E
Other	-or-
3. Type of Statement (Check at least one box)	No reportable interests on any schedule
Assuming Office/Initial Date:/	
Annual: The period covered is January 1, 2009, through December 31, 2009.	Verification I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best
O The period covered is/, through December 31, 2009.	of my knowledge the information contained herein and in any attached schedules is true and complete.
Leaving Office Date Left://(Check one)	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
O The period covered is January 1, 2009, through the date of leaving office.	Date Signed _ 2 / 25 //0
O The period covered is/, through the date of leaving office.	Signatu

2010

Election Year: .

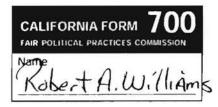
SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)



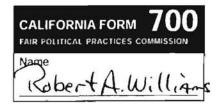
▶ 1 BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Williams Ranch	
6322 RAWSONRd. Corning CA	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☑ Business Emity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
S2,000 - \$10,000	S2,000 - \$10.000
510.001 - \$100.000	510.001 - \$100.000
S100,001 - \$1,000,000 ACQUIRED DISPOSED ☐ Over \$1,000,000	S100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INVESTMENT Sole Proprietorship X Partnership	NATURE OF INVESTMENT Sole Proprietorship Partnership
	Other
YOUR BUSINESS POSITION GENERAL PArt ne C	YOUR BUSINESS POSITION
➤ 2 IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	2 IDENTIFY THE COOSE INCOME DECEMED (INC. HOE VOUD DOO DATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	▶ 2 IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
□ \$0 - \$499 □ \$10,001 - \$100,000	50 - \$499 S10.001 - \$100.000
S500 - \$1,000 OVER \$100,000	S500 - \$1.000 OVER \$100,000
L \$1,001 - \$10,000	\$1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)	INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE
BUSINESS ENTITY OR TRUST	BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	I INVESTMENT REAL PROPERTY
Name of Business Entity of Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
THE RESIDENCE OF THE PROPERTY	Processor Communication Substitution of the State Communication Communication (Communication)
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or
City of Other Freeze Eccation of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE
\$2,000 - \$10,000 \$10,001 - \$100,000	52,000 · \$10,000 \$10,001 · \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments	EPPC Form 700 (2000/2010) Sch. A.2

SCHEDULE B Interests in Real Property (Including Rental Income)



STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
6700 KAWSON Rd.	7697 Sherwood
CITY	CITY
Corning, CA 96021	Los Molinos, CA 96055
마음마일 전 10 mes. 전공의 그런 그녀의 10 mm 10 mm 10 kH는 보호를 받아왔습니다. 10 kH 20 kH	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
510,001 · \$100,000	X \$10,001 · \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	S100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
	WATER OF WATERCAT
NATURE OF INTEREST	NATURE OF INTEREST
▼ Ownership/Deed of Trust	Ownership/Deed of Trust Easement
Leasehold	Leasehold
Yrs. remaining Other	Yrs, remaining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
S0 - \$499 S500 - \$1,000 S1,001 - \$10,000	50 - \$499 S500 - \$1,000 S1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of
income of \$10,000 or more.	income of \$10,000 or more.
THE SHEET OF THE SHEET	STORESTITUTE COLLEGE HATCHER OF LIMITATION (
40	
of business on terms available to members of the pub and loans received not in a lender's regular course of	and the control of th
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
,	,
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
Sosmess normal, in and, or expect	
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
5500 - \$1,000 S1,001 - \$10,000	5500 - \$1.000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
	[] \$10.001 \$100.000
Guarantor, if applicable	Guarantor, if applicable
Comments:	
a attender to transport the second se	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

▶ NAME OF SOURCE	NAME OF SOURCE
<u>CSAC</u>	RCRC
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITYAND STATE	CITY AND STATE
Red Bloff, CA	Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE,	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Board of Directors Executive Committee	Honord Dinner
DATE(S)://	DATE(S):
TYPE OF PAYMENT: (must check one) 💢 Gift 🗌 Income	TYPE OF PAYMENT: (must check one) X Gift Income
DESCRIPTION: ladging, transportation	DESCRIPTION: Dinner (Reception
meals	
NAME OF SOURCE	▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/ AMT: \$	DATE(S):
TYPE OF PAYMENT: (must check one) [Gift [Income	TYPE OF PAYMENT: (must check one) [] Gift [] Income
DESCRIPTION:	DESCRIPTION:
Comments:	
	i

FY: 2009/10

CONFLICT OF INTEREST, FORM 700 BOB WILLIAMS

AGENCY, COMMISSIONS	LAST NAME
Tehama County Board of Supervisors	WILLIAMS
Indian Gaming Benefit Committee	WILLIAMS
Tehama County Sanitary Landfill Agency	WILLIAMS
Local Agency Formation Commission	WILLIAMS
Treasury Oversight Committee	WILLIAMS
Tehama County Interagency Coordination Council	WILLIAMS